



COUNTY OF SAN DIEGO

CORRECTIVE ACTION FORM TO DOCUMENT RETURN TO COMPLIANCE

PERMIT #: _____

SPECIALIST: _____

INSPECTION DATE: ____/____/____

CONTACT: _____

BUSINESS NAME _____

ADDRESS _____ CITY _____ ZIP _____

VIOL #	DATE CORRECTED	INDICATE HOW VIOLATIONS WERE CORRECTED (ATTACH ANY SUPPORTING DOCUMENTATION TO THIS FORM)
1	____/____/____	
2	____/____/____	
3	____/____/____	
4	____/____/____	
5	____/____/____	
6	____/____/____	
7	____/____/____	
8	____/____/____	
9	____/____/____	
10	____/____/____	

I certify under penalty of law that this business/site has corrected all violations marked on the Compliance Inspection Report/Notice of Violation. I have personally examined and am familiar with the information submitted and believe the information is true, accurate and complete. I am authorized to file this certification for the business/site, and am aware that there are significant penalties for submitting false information.

Responsible Party: _____ Job Title: _____
Print Name

Signature of Responsible Party: _____ Date: ____/____/____

◀ Send completed form and supporting documentation to the address listed below ▶

COUNTY OF SAN DIEGO USE ONLY: Reviewed by: _____ Date: ____/____/____
(Specialist's name and date required for processing)

Specialist's comments: _____

☐ All violations noted on date listed above were corrected. ☐ Based on information provided by the business
☐ Based on field verification by Specialist

☐ RTC entered in Kiva by Specialist on: ____/____/____ ☐ RTC entered in Kiva by Clerical on: ____/____/____

Department of Environmental Health, Hazardous Materials Division, P.O. Box 129261, San Diego, CA 92112-9261
<http://www.sdcdeh.org/hmd> 619-338-2222; 1-800-253-9933